

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/857052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		2				
7		2				
8		1				
9		/				
10		/				
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48				/		
49				/		
50				/		
TOTAL IND.	2		3			
TOTAL DEP.	36		33			
TOTAL CLAIMS	38		36			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
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TOTAL DEP.						
TOTAL CLAIMS						